

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/088022 FILING DATE					
						APPLICANT(S)					
CLAIMS											
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.				
	IND.	DER.	IND.	DER.	IND.	DER.					
1	1		1		1		51				
2	1		1		1		52				
3	2		1		1		53				
4	2		1		1		54				
5	0		1		1		55				
6	2		1		1		56				
7	0		1		1		57				
8	0		1		1		58				
9	0		1		1		59				
10	2		1		1		60				
11							61				
12							62				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DER.	11	↓	9	↓		↓	TOTAL DER.				↓
TOTAL CLAIMS	12		10				TOTAL CLAIMS				

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS